

# **EXHIBIT 17**



Address Number: 2568231 Heim, Brian  
 Document Name: \_\_\_\_\_

F2 - Hide Comments

Doc Creation					Sta
Typ	User	Date	User Entered	Comment	tus
—	SOM SABREU	08/30/12	HS ON FILE.		AVL
—	PHALL	03/01/12	WITHIN SCOPE/LTR HS		
—	TDD DHAGAN	01/10/12	W/IV S/A#021736100 X12/12 TC3		AVL
—	PHALL	10/24/11	WITHIN SCOPE/HS LTR ON FILE		
—	SOM THARR2	08/17/11	RCVD HS LETTER--APPROVED		AVL
—	BMILO2	06/10/11	W/TP.WEB S/A X10/13 HEIM		
—	TDD BMILO2	06/03/11	W/IV 021736100 S/A X12/11		AVL
—	STL BMILO2	06/03/11	W/MP L#35.071122 S/A X10/1/12		AVL

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Action Code. . I  
Address Number 2568231 Heim, Brian O  
approved to purchase Testosterone, will continue to notify DEA if orders. P

Opt: 1=Insert Line 9=Delete Line F24=More Keys



Action Code. . . I

Address Number 2568231 Heim, Brian O  
P

Responsible Party: BRIAN HEIM MD

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Search Type.    SOM
Type Data.     . . CS
Eff Date 081711
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Address Number 2568231 Heim, Brian

OP

heim approved for controls

Opt: 1=Insert Line 9=Delete Line F24=More Keys



cat 3 responsible party Brian Heim MD

**HIGHLY CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER** **HSI-MDL-00001202**



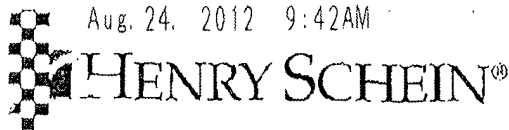
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Aug. 24, 2012 9:42AM

No. 3241 P. 1/2

LICENSE VERIFICATION DEPARTMENT

PHONE: (800) 472-4346 Ext. 5025

FAX: (631) 643-5390

Date: August 23, 2012 Account: 2568231

Brian Heim  
3562 Ridge Park Dr Ste A  
Akron OH US 44333

Dear Dr. Brian Heim,

Henry Schein, Inc. is required as a distributor of controlled substances and list one chemicals to "Know Our Customer," based on Federal DEA regulations. The information you provide will assist us in our regular and ongoing review process, and help expedite the release of your current and future controlled substance orders.

1. Please describe your practice type: ☐ Large Group ☒ Solo practice ☐ Other list \_\_\_\_\_
2. Website (if any) \_\_\_\_\_
3. What is your licensed specialty? FAMILY PRACTICE / Current practice specialty? FAMILY PRACTICE
4. Is the practice owned by a licensed practitioner? Yes ☒ No ☐ (If no please provide owners name and occupation) \_\_\_\_\_
5. Is the above listed address your: Home ☐ Office ☒ or Both ☐ ?
6. If it's your home address, please list practice address. \_\_\_\_\_
7. Business phone number. Land line (330) 668-7878 Fax Line (330) 668-4747 Cell ( ) \_\_\_\_\_
8. Number of Practitioners in this office? 0 PA's 0 NP's \_\_\_\_\_ Other (list) \_\_\_\_\_
9. Do you have an onsite dispensary? Yes ☐ No ☒
10. Do you accept insurance? Yes ☒ No ☐ , % of patients who pay with cash/credit/check? 8 %
11. Do you have controls to ensure only authorized employees are able to order and receive controlled substances? Yes ☒ No ☐  
If No, please explain: \_\_\_\_\_
12. Days /Hours of operation: M-F 8-5
13. Do you order controlled substances for multiple locations? Yes ☐ No ☒ (If yes, please provide list of locations) \_\_\_\_\_
14. Approximately, how many patients does each practitioner see daily? 25. What percentage of patients are from out of state 0 %
- 14b. Please circle the approximate % of patients that leave your office with controlled substances daily?  
0%, 10% 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%
- 14c. Please circle the approximate % of patients you administer controlled substances to daily?  
0% 10% 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%
15. Do you use any of the controlled drug items you order to treat family members or friends? Yes ☐ No ☒ If Yes, are you their primary care physician? Yes ☐ No ☐. Please explain in detail: \_\_\_\_\_
16. Do you use any of the controlled drug items you order for your own personal use? Yes ☐ No ☒ If Yes, are you filling a prescription from your personal physician? Yes ☐ No ☐. Please explain: \_\_\_\_\_

Henry Schein, Inc., 135 Duryea Road, Melville, NY 11747





Aug. 24. 2012 9:42AM

No. 3241 P. 2/2



17. Please list all the controlled substances you intend to order from Henry Schein, Inc. For each controlled substance, please list the expected quantity, expected frequency, and the conditions that the product(s) are being used to treat. This information will be used to expedite the shipment of your current and future controlled substance orders. Please see the below example we provided to assist you in filling out this critical information.

<u>Product/Drug Name</u>	<u>Expected Order Quantities</u>	<u>Expected Order Frequency, i.e. Monthly, Quarterly, etc.</u>	<u>Please List the Conditions the Products are being used to Treat</u>
Example- Alprazolam	Example- 1 Bottle 100 count	Example- Monthly	Example- Anxiety disorder
TESTOSTERONE	4 VIALS	MONTHLY	HYPOGONADISM

BROWNHEIM MD  
Doctor Name (Print)

BH7542283  
DEA Number

35-07-1122  
State License Number

Brown Heim MD  
Doctor Signature

8/24/12  
Date







Name and Address [back]	
Name	COPLEY PRIMARY CARE, LLC
Public Address	3562 RIDGE PARK DRIVE, SUITE A AKRON, OH 44333
Business Phone	(330) 668-7878
County	Summit

License and Registration Information				
License	First Issue Date	Current Issue Date	Expiration Date	Status
PC.021736100-03	08/07/2007	01/01/2012	12/31/2012	ACTIVE
License Type: Practitioner Corporation - Category Three				
Responsible Party: BRIAN HEIM MD				

Formal Action Information
No formal action exists.

This data is an accurate representation of information currently maintained by the Ohio State Board of Pharmacy as of 1/10/2012.

This secure online license verification system conforms with The Joint Commission's current policy on "Primary Source Verification".

This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.





LICENSE VERIFICATION DEPARTMENT

PHONE: (800) 472-4346 Ext. 5137

FAX: (831) 843-5390

Date: Aug 17, 2011 Account: 2568231

Brian Heim  
3562 Ridge Park Dr Ste A  
Akron OH 443339294

Dear Dr. Heim,

As a prudent healthcare distributor, Henry Schein Inc. regularly monitors its customer's orders of controlled substances, Rx items, and List One Chemicals. In this regular and ongoing review process, your recent order has come to our attention. Consequently, before we release this order, we will need this questionnaire filled out in its entirety and returned to the License Verification Department.

1. Please describe your practice type: ☐ Large Group ☒ Solo practice ☐ Other list \_\_\_\_\_
2. Website (if any) \_\_\_\_\_
3. What is your licensed specialty? FAMILY MEDICINE / Current practice specialty? \_\_\_\_\_
4. Is the practice owned by a licensed practitioner? Yes ☒ No ☐ (If no please provide owners name and occupation) \_\_\_\_\_
5. Is the above listed address your office address or home address? OFFICE
6. If it's your home address, please list practice address. \_\_\_\_\_
7. Business phone number. Land line (330) 668-7878 Fax Line (330) 668-4747 Cell ( ) \_\_\_\_\_
8. Number of Practitioners in this office? 1 PA's \_\_\_\_\_ Other please list \_\_\_\_\_
9. Do you have an onsite dispensary? Yes ☒ No ☐
10. Do you accept insurance? Yes ☒ No ☐ % of patients who pay with cash/credit/check? 30 %
11. Days /Hours of operation: M-TH - 8-5 F 8-2
12. Do you order controlled substances for multiple locations? Yes ☐ No ☒ (If yes, please provide list of locations) \_\_\_\_\_
13. Please list the control substances and estimated amounts you intend to order from Henry Schein, Inc.  
TESTOSTERONE, VIOXIN - AMOUNT VARIES  
2 VIALS TESTOSTERONE, 1 BOTTLE VIOXIN EVERY 4-6 MONTHS
14. Please indicate the expected frequency of your orders for controlled substances. EVERY 6-8 WKS
15. Please list the conditions that the controlled substances are being used to treat? ACUTE MUSCULOSKELETAL PAIN, HYPOTENSION
16. How many patients does each practitioner see daily? 30, Percent of patients from out of state 0 %
17. Out of those patients what percentage do you dispense (Patients leave office with drug supply) controlled substances to? 5-10, Administer (In office use only) to? 0
18. Do you use any of the control drug items you order to self medicate? Yes ☐ No ☒

▷ If Yes, please explain: \_\_\_\_\_

BRIAN HEIM MD

BH1542283

35-07-1122

Doctor Name (Print)

DEA Number

State License Number

Doctor Signature

We appreciate your cooperation.

Henry Schein, Inc., 135 Duryea Road, Melville, NY 11747







Name and Address	
Name	COPLEY PRIMARY CARE, LLC
Public Address	3562 RIDGE PARK DRIVE, SUITE A AKRON, OH 44333
Business Phone	(330) 668-7878
County	Summit

License and Registration Information				
License	First Issue Date	Current Issue Date	Expiration Date	Status
PC.021736100-03	08/07/2007	01/01/2011	12/31/2011	ACTIVE
License Type: Practitioner Corporation - Category Three				
Responsible Party: BRIAN HEIM MD				

Formal Action Information
No formal action exists.

This data is an accurate representation of information currently maintained by the Ohio State Board of Pharmacy as of 6/3/2011.

This secure online license verification system conforms with The Joint Commission's current policy on "Primary Source Verification".

This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.



**MedProID - State License Detail**

Report Date : 6/3/2011 10:51:41 AM (EST)  
 WebID User : HENRYSCHEIN08

**SLN Information**

Name : Brian David Heim  
 Address : 3562 Ridge Park Drive - Suite #A  
 City/State/Zip : Akron OH, 44333  
  
 License State : OH - Ohio  
 License # : 35.071122  
 License Expires : 10/01/2012  
 Status : Active  
  
 Prof Designation : Doctor of Medicine  
 - Certification Code : MD  
 - Description : MEDICAL DOCTOR  
 - Specialty : Family Practice/Obstetrics & Gynecology  
 Disciplinary Action : YES

**DEA Information**

Name : Brian D Heim MD  
 Address : 3562 Ridge Park Drive  
 Suite A  
 City/State/Zip : Akron, OH 44333  
  
 DEA State : OH - Ohio  
 DEA # : BH7542283  
 Status : Active  
 DEA # Expires : 10/31/2013  
 Business Activity Code : Practitioner  
 Drug Schedule : 22N 33N 4 5

**NPI Information**

Name : Brian D Heim MD  
  
 Mailing Address : 3562 Ridge Park Dr  
 Suite A  
 City/State/Zip : Akron, OH 44333  
 Phone # : (330)668-7878  
 Fax # : (330)668-4747  
  
 Practice Address : 3562 Ridge Park Dr  
 Suite A  
 City/State/Zip : Akron, OH 44333  
 Phone # : (330)668-7878  
 Fax # : (330)668-4747  
  
 NPI # : 1619952561  
 NPI State : OH - Ohio  
 NPI Provided Status : NPI-Active  
 NPI Taxonomy : 207Q00000X - Family Medicine  
 NPI Provided State License # : 35071122  
 Gender : Male  
 Enumeration Date : 12/14/2005  
 Last Update Date : 10/21/2008